


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90163 011 \*\*\*\*61.25

<b>DOCUMENT # N94000002987</b> 1. Entity Name <b>THE CHELSEA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>550 15TH STREET</b> <b>MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>P O BOX 402507</b> <b>MIAMI BEACH, FL 33140 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 431410</b> Suite, Apt. #, etc.			
City & State <b>S. Miami, FL</b>		City & State <b>S. Miami, FL</b>		4. FEI Number <b>65-0547404</b>	
Zip <b>33243-1410</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COMPLETE PROPERTY MANAGEMENT RESOURCES, IN</b> <b>P O BOX 402507</b> <b>MIAMI BEACH, FL 33140</b>			7. Name and Address of New Registered Agent Name <b>Alhambra Property Mgmt.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5701 Sunset Drive</b> <b>Suite 100-A</b> City <b>S. Miami</b> <b>FL</b> Zip Code <b>33143</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Hebert</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/28/05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOODHAM, REGGIE</b> <b>550 15TH STREET, APT. 204</b> <b>MIAMI BEACH, FL 33139</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HIGHSMITH, WILLIAM</b> <b>205 DALE DRIVE</b> <b>SILVER SPRING, MD 20910</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COLSON, MICHELLE</b> <b>540-15TH STREET, #104</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RICHARDSON, DAVE</b> <b>1775 EYE STREET, NW, #600</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Michelle Colson</i></u> <span style="float: right;">(305) 664-5066</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span>					

20055290



04252005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable